## American Red Cross SWIM LESSON REGISTRATION

2009 Brittlebank Pool Swimming Lessons Registration Form

Registration begins on April 27th, 2009. Forms can be returned to Brittlebank Pool from 9:00a.m. until 5:00p.m. Monday - Friday or mailed in @ P.O. Box 324 Mt. Vernon, IN 47620. For more information call Brittlebank Pool at 838-4586. All Swim lessons will be taught by a Red Cross Certified Water Safety Instructor (WSI) and all participants who pass their course will receive a Red Cross Swimming Card. Swim lessons are held on a Monday/Wednesday or a Tuesday/Thursday schedule for 30 minutes per day for four weeks. Rain days will be made up on Fridays.

Address Phone Phone Phone Age DOB Gender: M F Height Weight Was your child enrolled in a swimming class at Brittlebank last season? If yes, what level? Please mark with an X what class and days you wish to enroll your child. Class Limit 20 Level 1 11:00a.m 11:30a.m.	Session 1 Session 2	June 8 <sup>th</sup> - July 2 <sup>nd</sup> July 6 <sup>th</sup> - July 30 <sup>th</sup>
Age DOB Gender: M F Height Weight Was your child enrolled in a swimming class at Brittlebank last season? If yes, what level? Please mark with an X what class and days you wish to enroll your child. Class Limit 20 Level 1 11:00a.m 11:30a.m Level 2 10:30a.m 11:00a.m. Monday/Wednesday Level 3 10:30a.m 11:00a.m. Tuesday/Thursday Level 4 10:00a.m 10:30a.m Level 5 10:00a.m 10:30a.m Level 6 8:30a.m 9:30a.m. Thursdays (Swim Team Level)  PARENTS PERMISSION: I hereby grant permission for my son or daughter participate in Swim Lessons. I will be responsible for all obligations for my Ch case of injury or accident sustained during participation in this program. I will rethe Mt. Vernon Park and Recreation Board and all other paid and voluntary pers from any and all obligations during the course of the program. Father Signature Phone H Phone W Address	Name	
Was your child enrolled in a swimming class at Brittlebank last season?	Address	Phone
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PARENTS PERMISSION:  hereby grant permission for my son or daughter participate in Swim Lessons. I will be responsible for all obligations for my Chase of injury or accident sustained during participation in this program. I will responsible for all obligations of my Chase of injury or accident sustained during participation in this program. I will response the Mt. Vernon Park and Recreation Board and all other paid and voluntary persponse any and all obligations during the course of the program.  Father SignaturePhone HPhone W  Mother SignaturePhone HPhone W	Level 6 8:30	Oa.m 9:30a.m. Thursdays (Swim Team Level)
AddressPhone HPhone W	PARENTS PERMISSION: hereby grant permis participate in Swim Les case of injury or accide the Mt. Vernon Park an	sion for my son or daughtersons. I will be responsible for all obligations for my Chint sustained during participation in this program. I will reduced Recreation Board and all other paid and voluntary persons.
Mother SignaturePhone HPhone W	ather Signature	Phone HPhone W
-	Address	
Address	_	
	Receipt #	Amount Date

## **2009 BRITTLEBANK BARRACUDAS**



Phone: 812-838-4586 or Fax: 812-838-8728

- Children through the age of 18 and able to swim at least the requirements for Level 3 are eligible.
- There is no fee for joining the Barracuda Team. Admission into the pool for practices will be the only cost (family and single passes are available for the entire 2009 season on April 27th). Team suits will be available, but not required.
- · Practices are held on the following schedule:

Monda	y - Thursday	8:30 - 9:30am and	d 5:30 - 6:30 pm	า
Name				
Address		Phon	e	-
Age Date of Bi	rthl	Male Female		
Was your child enrol	led in a swimm	ing class at Brittleba	nk last session?	
If yes, what Level w	as achieved?			
PARENTS PERMISSION	ON:			
I hereby grant per participate on the S case of injury or acc the Mt. Vernon Park from any and all obl	wim Team. I w cident sustained s and Recreation	rill be responsible fo d during participatio on Board and all oth	or all obligations fon n in this program. er paid and volunt	or my Child i I will releas
Father Signature		Phone H	Phone W	
Address				-
Mother Signature		Phone H	Phone W	
Address				-
Receipt #	Amount	Dat	<b>P</b>	